1	PATEN	TAPPLICAT	TON FEE	DETERM	ÄNIÑ	TION REC	OR	D	Applica	ition of	Docket	Number
<u>_</u>	<u>.</u>	Eff	ective D	ecember	2 8	,2004			101	16	21,3	i La
	CLAIMS AS FILED - PART I								ENTITY			
r	TOTAL CLAIN	1S	(Colu	(Column 1)		(Column 2)		TYPE		0	R SMA	IER THAN LL ENTITY
-	FOR	1	3 /				RATE			RAT		
╟			NUMBER FILED		NUMBER EXTRA		BASIC F	EE 12	750	R BASIC F	EE 190.	
TOTAL CHARGEABLE CLAIMS			37			.17	1	x\$⊋	5	. 01		
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PE			16	6 minus 3 =]	x./0	0	OF	V:0	
_				·				180.			_	αυ
*	If the different	ce in column 1 i	ls less than	less than zero, enter "0" in				TOTAL		OF	240	
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OF		ــــــــــــــــــــــــــــــــــــــ
_	1:18 187		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMAL	R THAN L ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONA		RATE	ADDI- TIONAL
ΣQZ	Total	* 17	Minus	PAID F	11	-		V4 1-	FEE	-	<u> </u>	FEE
ME	Independent	. 2	Minus	***	6	=		X\$ 25	 	OR		
_	FIRST PRES	ENTATION OF N	MULTIPLE DI	EPENDENT	CLAIM			×100	 	OR	× 200	2 /
•		•						+/80		OR	+360	
							<i>-</i>	TOTAL DDIT. FEE		OR	TOTA ADDIT. FEI	
ENDMENT B		(Column 1) CLAIMS		(Colum	ST	(Column 3)	-					
	Sa Jana	REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$25		OR	X\$ 50	
	FIRST PRESE	*	Minus	***		=	r	×/00		1 1		
	THOTFRESE	NTATION OF M	ULTIPLE DE	PENDENT C	LAIM		-			OR	× 200	-
	. ,						L	+ /86 TOTAL		OR	360.	
		(Column 4)				-	Αï	DOIT. FEE		OR	TOTAL DDIT, FEE	
	To the state of th	(Column 1) CLAIMS	77.7	(Column HIGHES	îT	(Column 3)		·		1 P	· · · · · · · · · · · · · · · · · · ·	
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU: PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
-	Total	*	Minus	**		=		X\$25		OR	X\$ 50	FEE
ŀ	Independent	ALTATION OF THE	Minus	***		=	-	 -	<u>.</u>	<u> </u>		
T	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							×/00		OR	×200	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		OR	+360	
**H	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number for									OR A	TOTAL	
f1	ne "Highest Num	ber Previously Palo	For" (Total or	Independent)	Is the h	nighest number i	ound	In the appr	opriate box	in colur	nn 1. *****	
i.i.i	PTO-875 (Rev. 8/0	41	·				·					J·

Application or Docket Number